Dignity Health
St. Mary Medical Center

St. Mary Medical Center
Long Beach, California

Community Benefit FY 2016 Report and FY 2017 Plan

Dignity Health
St. Mary Medical Center

A message from

Rocky Suarez, Chairman, Dignity Health St. Mary Medical Center Community Board, and
Joel Yuhas, FACHE, President & CEO, Dignity Health St. Mary Medical Center

Dignity Health's commitment to community health improvement aims to address need identified in the Community Health Needs Assessment which is conducted in collaboration with other hospitals, community organizations and the Long Beach Department of Health. Our multi-organization collaborative approach to community health assessment includes financial assistance for those unable to afford medically necessary care, a wide range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

The Community Benefit 2016 Report and 2017 Plan describes much of this work. This report meets a requirement of not-for-profit hospitals as stated in the Patient Protection and Affordable Care Act to adopt a community health implementation strategy, and is performed at least every three years. The report is also in accordance with California state law (Senate Bill 697) to produce an annual community benefit report and plan. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report this to the community.

In fiscal year 2016, St. Mary Medical Center provided $40,385,866 in patient financial assistance, unreimbursed costs of Medi-Cal, community health improvement services, and other community benefits. Including unreimbursed costs of caring for patients covered by Medicare, St. Mary Medical Center's total community benefit contribution was $55,252,781.

Dignity Health St. Mary Medical Center's Community Board reviewed, approved and adopted the Community Benefit 2016 Report and 2017 Plan at its meeting on October 27, 2016.

Thank you for taking the time to review our report and plan. If you have any questions, please contact (562) 491-9837.

Sincerely,

Rocky Suares
Hospital Board Chairman

Joel Yuhas, FACHE
Hospital President & CEO

TABLE OF CONTENTS

EXECUTIVE SUMMARY

- St. Mary Medical Center is located in Long Beach, CA. the seventh largest city in California. The population of Long Beach is approximately 681,680 people. St. Mary Medical Center serves Long Beach and the surrounding communities of Wilmington, Carson, Signal Hill, Lakewood and Bellflower.

- The significant community health needs that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at www.stmarymedicalcenter/communitybenefits. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

- The significant community health needs identified are:

    1. Mental Health
    2. Economic Security
    3. Obesity and Diabetes
    4. Access to Housing
    5. Chronic Disease
    6. Education
    7. Access to Care
    8. Preventative Care
    9. Crime and Violence
    10. Pregnancy and Birth Outcomes
    11. Environment and Climate
    12. Oral Health
    13. Substance Abuse and Tobacco

- In FY16, St. Mary Medical Center took numerous actions to help address identified needs. These included:
    1. Comprehensive AIDS Resource and Education (C.A.R.E.)
    2. Mobile Unit
    3. Family Clinic
    4. Every Woman Counts
    5. Chronic Disease Self-Management Program

For FY17, the hospital plans to address access to health care, obesity and diabetes, chronic diseases, preventive care, and pregnancy and birth outcomes through a number of initiatives and a commitment of resources. For example, the Chronic Disease Self-Management programs will focus on diabetes management and reducing obesity. The Mary Hilton Family Health Center will provide prenatal care to

improve birth outcomes. The Bazzeni Wellness Center offers preventive health education, chronic disease management and screenings.

- The economic value of community benefit provided by St. Mary Medical Center in FY16 was $176,952,675, excluding unpaid costs of Medicare in the amount of $156,830,337.

- This document is publicly available at: http://www.dignityhealth.org/stmarymedical/community-benefits. This report is available to the public on the hospital's website and a paper copy is available for inspection upon request at the St. Mary Community Health Office

- Written comments on this report can be submitted to the Community Health Office at 1050 Linden Avenue, Long Beach, CA 90813 or by e-mail to kit.katz@DignityHealth.org.

MISSION, VISION AND VALUES

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

Hello humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello humankindness tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

OUR HOSPITAL AND OUR COMMITMENT

St. Mary Medical Center (SMMC), founded in 1923 by the Sisters of the Charity of the Incarnate Word, is located at 1050 Linden Avenue, Long Beach, CA. It became a member of Dignity Health, formerly Catholic Healthcare West in 1996. The facility has 389 licensed beds and a campus that is approximately 14 acres in size. SMMC has a staff of 1,410 and professional relationships with 508 local physicians. Major programs and services include cardiac care, prenatal and childbirth services, bariatric surgery, stroke recovery, critical care, a 24-bed intensive care unit, a level 111B NICU with 25 beds and Disaster Resource Center. St. Mary Medical Center's Emergency Department is a level II trauma center and the Paramedic Base Station for the area.

St. Mary Medical Center is a tertiary hospital that provides care throughout the spectrum of life. SMMC's quality of medical services and care has resulted in SMMC receiving Dignity Health's BLUE STAR recognition on all four FY15 goals: hospital quality metrics, appropriate observation status, HCAHPS total points and Listening and Responding.

Rooted in Dignity Health's mission, vision and values, St. Mary Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, Community Board and Community Benefit Advisory Committee. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

The Community Benefit Advisory Committee (CBAC) is a committee of the Community Board. The CBAC helps determine program focus and design. The CBAC is comprised of community members representing the diversity of Long Beach, including leaders from public health, community-based organizations, and education. The Community Benefit Advisory Committee assists the Community Health Department in prioritizing programs that are in line with the hospital's strategic plan. The Committee provides input, advice, and approval for the Community Health Needs Assessment, Implementation Strategy, Community Benefit Plan, and program monitoring. Reports approved by the Community Benefit Advisory Committee are then submitted to the Community Board of St. Mary Medical Center for final approval. A roster of current Community Benefit Advisory Committee members can be found in Appendix A.

St. Mary Medical Center's community benefit program includes financial assistance provided to those who are unable to pay the cost of medically necessary care, unreimbursed costs of Medicaid (Medi-Cal), subsidized health services that meet a community need, and community health improvement services. Our community benefit also includes monetary grants we provide to not-for-profit organizations that work together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

DESCRIPTION OF THE COMMUNITY SERVED

St. Mary Medical Center is located in Long Beach, CA. The city of Long Beach is a coastal community located in Los Angeles County. Based on the U.S. Census, Long Beach is the thirty-sixth most populous city in the nation and seventh in California. Long Beach is one of the most ethnically diverse communities in the United States with a strong sense of community and unique neighborhoods. St. Mary Medical Center also serves the surrounding communities of Carson, Paramount and Bellflower. While a few of the communities enjoy a higher standard of living, the majority of the communities served have greater needs. The service area encompasses 14 zip codes representing 4 cities and communities. It includes portions of Service Planning Areas 6 and 8 in Los Angeles County. To determine the service area, St. Mary Medical Center takes into account the zip codes of inpatients discharged from the hospital; the current understanding of community need based on the most recent Community Health Needs Assessment; and long-standing community programs and partnerships. The service area for St. Mary Medical Center includes 663,973 residents.

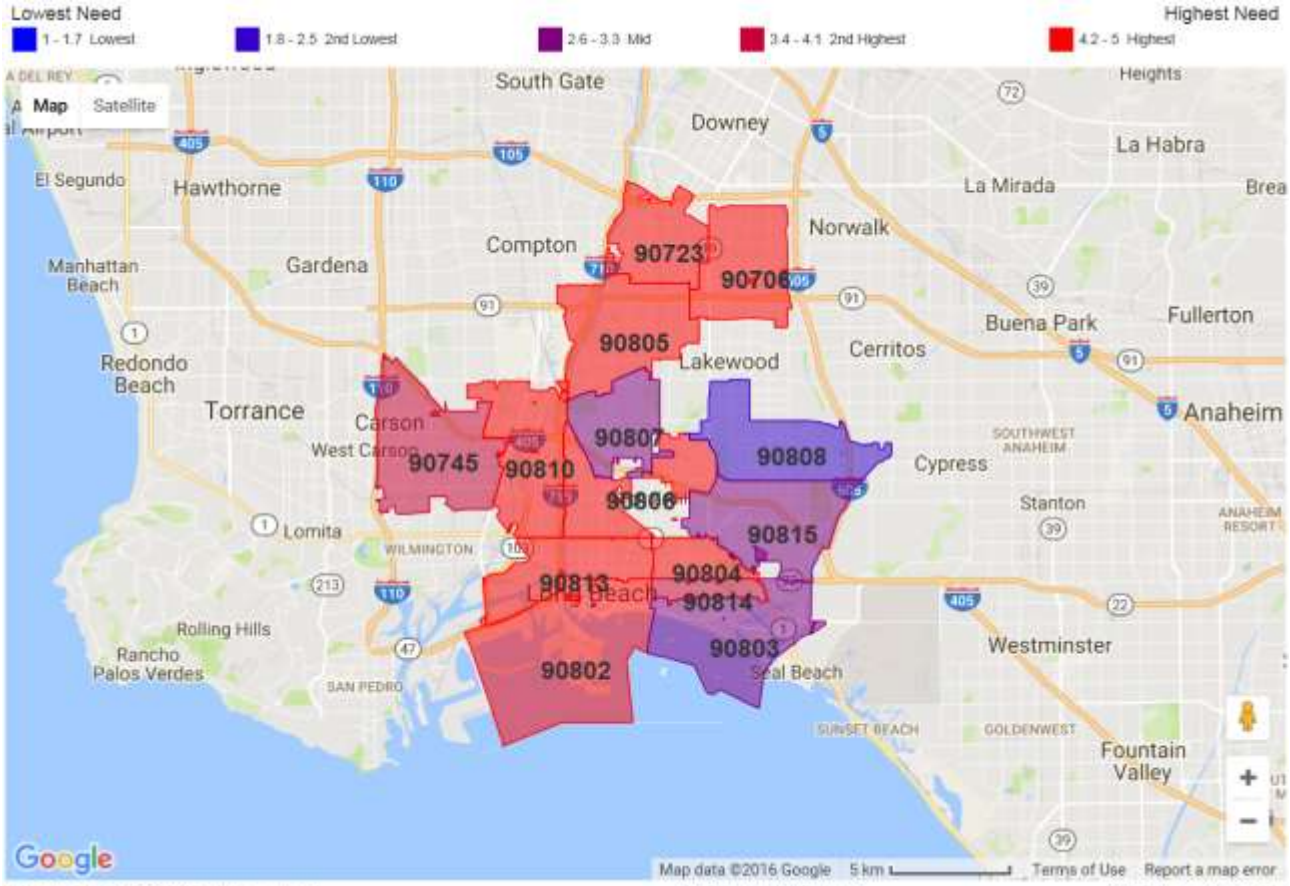
Overall, the St. Mary service area has regions that are economically challenged, has a great deal of homelessness, and has an influx of transitory populations; many of the residents in the service areas live below the poverty level and many neighborhoods and communities are considered underserved. Access to care and services, perceived barriers to existing services, lack of insurance, mental health services, diabetes, asthma, drug and alcohol abuse, and childhood obesity are some of the major health concerns. From a community health perspective, these low-income and underserved areas are of major concern.

A summary description of the community is below, and additional community facts and details can be found in the CHNA report online. The following data is from Truven Health Analytics
Total Population: 681,680
Hispanic or Latino: 47.7%
White: 22.2%
Asian/Pacific Islander: 14.9%
Black/African American: 12.1%
Median Income: $56,691
Uninsured: 6.8%
Unemployment: 7.7%
No High School Diploma: 22.4%
CNI Median Score: 4.3
Medicaid Patients*: 33.8%
Medically Underserved Areas or Populations: Yes

*Does not include individual's dually-eligible for Medicaid and Medicare.

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language,

education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



Mean(zipcode): 3.9 / Mean(person): 4 CNI Score Median: 4.3 CNI Score Mode: 4.6

Zip Code	CNI Score	Population	City	County	State
90706	4.2	80032	Bellflower	Los Angeles	California
90723	4.6	55418	Paramount	Los Angeles	California
90745	3.8	60186	Carson	Los Angeles	California
90802	4.6	41111	Long Beach	Los Angeles	California
90803	2.6	33948	Long Beach	Los Angeles	California
90804	4.6	41572	Long Beach	Los Angeles	California
90805	4.6	97043	Long Beach	Los Angeles	California
90806	4.6	44405	Long Beach	Los Angeles	California
90807	3.2	32039	Long Beach	Los Angeles	California
90808	2	39346	Long Beach	Los Angeles	California
90810	4.4	38090	Long Beach	Los Angeles	California
90813	5	60544	Long Beach	Los Angeles	California
90814	3.6	18637	Long Beach	Los Angeles	California
90815	2.6	39309	Long Beach	Los Angeles	California

COMMUNITY BENEFIT PLANNING PROCESS

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging the Community Benefit Advisory Committee and other stakeholders in the development of the annual community benefit plan and triennial Implementation Strategy.

Community Health Needs Assessment Process

The most recently completed CHNA was adopted by the St. Mary Medical Center Community Board in June, 2016. The Community Health Needs Assessment process was overseen by the Long Beach CHNA Collaborative. The Collaborative is comprised of Dignity Health St. Mary Medical Center, Kaiser Permanente South Bay, Long Beach MemorialCare System (Long Beach Memorial Medical Center, Community Hospital Long Beach and Miller Children's and Women's Hospital), The Children's Clinic "Serving Children and Their Families" and the City of Long Beach Department of Health and Human Services. Secondary data were collected from a variety of local, county, and state sources. The community profile includes demographic characteristics of the service area, social determinants of health, health behaviors and health outcomes. The report includes benchmark comparison data that measures Memorial data findings with Healthy People 2020 objectives. For the CHNA, information was obtained through eight focus groups and interviews with key community stakeholders, public health, service providers, members of medically underserved, low-income, and minority populations in the community and individuals or organizations serving or representing the interests of such populations. The CHNA process included the identification of resources potentially available to meet community health needs. These resources are available in the CHNA report.

St. Mary Medical Center makes the CHNA and its companion Implementation Strategy widely available to the public and welcomes comments on them. The CHNA report is available to the public on the hospital's website http://www.dignityhealth.org/stmarymedical/community-benefits and a paper copy is available for inspection upon request at the St. Mary Community Health Office. Public comment was requested on the previous CHNA and Implementation Strategy. All written comments were reviewed and, where appropriate, are included in the CHNA.

CHNA Significant Health Needs

Significant health needs were identified through a scoring process of the primary and secondary data collected. Those health needs that were confirmed by more than one indicator were identified as a significant health need. Meaning that: (1) secondary data showed that the size of the health need was a concern, as measured by the proportion of the community affected, compared to the benchmarks (e.g., SPA, County, State or Healthy People 2020) and (2) that primary data collection efforts (i.e., key stakeholder interviews and focus groups) identified the health need as a concern in the service area.

The following significant health needs were determined:

- **Access to care** – Health insurance coverage is considered a key component to accessing health care including regular primary care, specialty care and other health services that contributes to one's health status. In the hospital service area, 79.5% of residents are insured which is higher than the county rate of 77.8%; however, there remain many barriers to accessing care.
- **Access to housing** – Close to fifty percent of residents in the service area are either living in substandard housing or living in cost burdened households. Individuals with mental and physical health needs, veterans, LGBTQ populations, people with disabilities and families are populations highly impacted by housing access issues and homelessness.
- **Chronic disease** – Chronic diseases include HIV/AIDS, asthma, cancers, heart disease and high blood pressure. Conditions such as asthma impact the service area due to high levels of air pollution, while heart disease and high blood pressure are impacted by factors such as the local food environment.
- **Crime and violence** – Property crimes include burglary, larceny-theft and motor vehicle theft. Violent crimes include homicide, rape, robbery (of an individual or individuals, not a home or business) and aggravated assault. Long Beach has the highest violent crime rate followed by Paramount and Bellflower.
- **Economic security** – Economic security is closely linked to many health needs identified in this CHNA, as engaging in healthy behaviors is more difficult when simply meeting one's basic needs is an everyday struggle. About 42% of the service area population lives below the 200% federal poverty level, confirming the need for strategies that address poverty and employment.
- **Education** –Of the service area population age 25 and over, 22.7% have less than a high school diploma. Non-English speakers and young adults from low-income, African American, Latino and Cambodian populations are highly impacted by the lack of formal higher education.
- **Environmental and climate** – The service area is afflicted with high amounts of air and noise pollution from industrial activities and adjacent freeways and railroad tracks. Lower income neighborhoods in Long Beach are often food deserts, lacking grocery stores and other establishments that provide healthier food options.
- **Mental health** – 8.2% of adults in SPA 6 and 11.8% in SPA 8 of adults experienced serious psychological distress in the past year. A significant portion of people who sought or needed help did not receive treatment (45.6% in SPA 6 and 32.1% in SPA 8). Community stakeholders identified four populations in Long Beach who are disproportionately affected by mental health issues. These are: the homeless, veterans, Cambodian community and youth, in particular LGBTQ youth and those in foster care.
- **Obesity and diabetes** – Being overweight is a precursor to many chronic diseases, including diabetes. Obesity and diabetes greatly impact the St. Mary service area and are diagnosed most frequently among the region's low-income communities of color. Ten to fifteen percent of individuals in the region are diagnosed with diabetes while about one-third are considered obese.
- **Oral health** – Engaging in preventive behaviors, such as having regular dental exams, can decrease the likelihood of developing future health problems. 41.6% of adults in SPA 6 and 30.3% in SPA 8

had not had a dental exam within the last year. Children have increased access to dental care when compared to adults; 75.8% of children in SPA 6 and 81.5% of children in SPA 8 have dental insurance.

- **Pregnancy and birth outcomes** – there were 9,491 births in the service area in 2012. In the service area 8% of births are to teens. 7.4% of births are low birth weight births. Engaging in early prenatal care is important because health risks to both the mother and infant can be detected early. 84.0% of women in the service area obtained prenatal care during the first trimester of their pregnancy.
- **Preventive care** – Preventive care includes immunizations and screenings and plays a role in maintaining population health and reducing the burden on health care services. Generally, SPA 8 had a greater need for increased immunization and screenings, as compared to SPA 6; however, both areas would benefit from greater rates of both screening and immunization.
- **Substance abuse and tobacco use** – For low-income children and adults in African American, Latino and Cambodian communities in the greater Long Beach area, trauma and adversity contribute to substance abuse and other conditions. The mentally ill, the homeless and veterans were identified as the communities that were most affected by this health issue.

Significant Health Needs the Hospital will Address

The Long Beach CHNA Collaborative planned and convened a prioritization session. Outreach for the session was conducted via the same network of individuals and groups used for key stakeholder interviews and focus groups. A total of 54 participants attended the half-day session on December 11, 2015. Session participants included public health experts; and leaders, representatives, or members of medically underserved, low-income, and minority populations. The areas of expertise among prioritization session participants were broad and covered the spectrum of social determinants of health, health behaviors and outcomes.

Prioritization session participants had data and other information relevant to the health needs of the service area. The following four criteria were used to prioritize the significant health needs:

- **Severity:** The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
- **Disparities:** The health need disproportionately impacts certain groups of people more than others (e.g. by geography, age, gender, race/ethnicity).
- **Prevention:** Effective and feasible prevention is possible. There is an opportunity to intervene at the prevention level and impact overall health outcomes. Prevention efforts include those that target individuals, communities, and policy efforts.
- **Leverage:** The solution could impact multiple problems. Addressing this issue would impact multiple health issues.

During the prioritization session, health needs were reviewed and discussed and then participants cast seven votes across the 13 health needs using the four criteria discussed above. The following table provides the results of prioritization. While the calculated values provide an overall priority score to

help indicate which health needs are of higher priority, the results are not intended to dictate the final policy decision. Rather they offer a means by which choices can be ordered.

The community input yielded this prioritized list of significant health needs:

1. Mental Health
2. Economic Security
3. Obesity and Diabetes
4. Access to Housing
5. Chronic Disease
6. Education
7. Access to Care
8. Preventative Care
9. Crime and Violence
10. Pregnancy and Birth Outcomes
11. Environment and Climate
12. Oral Health

After the community forum prioritized the health needs, the Community Health team used the following criteria to determine the significant health needs that SMMC will address in the Implementation Strategy:

- Organizational Capacity: Is there capacity to address the issue?
- Existing Infrastructure: Are there programs, systems, staff, and support resources in place to address the issue?
- Established Relationships: Are there established relationships with community partners to address the issue?
- Ongoing Investment: Are there existing resources that are committed to the issue? Staff time and financial resources for this issue are counted as part of our community benefit effort.
- Focus Area: Have competencies and expertise been acknowledged to address the issue? Does the issue fit with the organizational mission?

After a thorough process that applied these criteria to the identified significant health needs, SMMC selected the following needs to address:

- Access to care
- Chronic diseases
- Overweight and diabetes
- Pregnancy and birth outcomes
- Preventive care

Significant Health Needs the Hospital will Not Address

Taking existing hospital and community resources into consideration, St. Mary Medical Center will not directly address the remaining health needs identified in the CHNA including: mental health, environmental health, economic security, access to housing, education, crime and violence, oral health and substance abuse. SMMC cannot address all the social determinants of health or the health needs present in the community; therefore, it will concentrate on those health needs that can most effectively be addressed given the organization's areas of focus and expertise.

Creating the Community Benefit Plan

As a matter of Dignity Health policy, the hospital's community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- **Focus on Disproportionate Unmet Health-Related Needs**: Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Emphasize Prevention**: Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Contribute to a Seamless Continuum of Care**: Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Build Community Capacity**: Target charitable resources to mobilize and build the capacity of existing community assets.
- **Demonstrate Collaboration**: Work together with community stakeholders on community health needs assessments, health improvement program planning and delivery to address significant health needs.

Process: The St. Mary Medical Center Senior Leadership and Mission Integration Team prioritized the needs for the Community Benefit program based on the hospitals programs and initiatives, internal resources including existing programs and the success/impact of those programs, ability to measure impact and goals, and established community partners. The identified needs were reviewed and approved by the St. Mary Medical Center Community Board and Community Benefit Advisory Committee. The Community Benefit Advisory Committee will be important in identifying new community partners with the same or like mission as St. Mary Medical Center to collaborate with.

Planning for the Uninsured/Underinsured Patient Population

St. Mary Medical Center seeks to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised. In furtherance of this mission, the hospital offers financial assistance to eligible patients who may not have the financial capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C. The amount of financial assistance provided in FY16 is listed in the Economic Value of Community Benefit section of this report.

St. Mary Medical Center notifies and informs patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process. At the time of billing, each patient is offered a conspicuous written notice containing information about the availability of the Policy.

Notice of the financial assistance program is posted in locations visible to the public, including the emergency department, billing office, admissions office, and other areas reasonably calculated to reach people who are most likely to require financial assistance from the hospital. The hospital provides brochures explaining the financial assistance program in registration, admitting, emergency and urgent care areas, and in patient financial services offices.

The Financial Assistance Policy, the Financial Assistance Application, and plain language summary of the Policy are widely available on the hospital's web site, and paper copies are available upon request and without charge, both by mail and in public locations of the hospital. Written notices, posted signs and brochures are printed and available online in appropriate languages.

FY 2016 REPORT AND FY 2017 PLAN

This section presents strategies, programs and initiatives the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It includes both a report on actions taken in FY16 and planned programs with anticipated impacts and measurable objectives for FY17. Programs that the hospital plans to deliver in 2017 are denoted by *.

The strategy and plan specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

STRATEGY AND PROGRAM PLAN SUMMARY

Significate Health Need 1: Access to Care*

- Charity care of uninsured/underinsured and low income residents
- C.A.R.E. Program (HIV/AIDS)
- Emergency Department physician services for indigent patients
- Mary Hilton Family Health Center: OB Clinic, prenatal, Pediatric Clinic
- St. Mary Family Clinic
- St. Mary Mobile Clinic
- "Life Begins Here" childbirth services
- Bazzeni Wellness Center preventative health education, chronic disease management and screenings
- Imaging Center "Every Woman Counts" and Komen Fund Mammography for low income and indigent patients

- St. Mary Medical Center transportation program

Significant Health Need 2: Prevention and Treatment of Respiratory Disorders*

- Advocating for clean air initiatives especially for vulnerable communities
- Working with Port of Long Beach as a "Green Port"
- St. Mary Mobile Clinic provides respiratory screenings
- Health education relating to asthma and chronic obstructive pulmonary disease

Significant Health Need 3: Prevention and Treatment of Obesity and Chronic Conditions*

- Chronic Disease Self-Management Program provided through the Bazzeni Wellness Center and Families in Good Health
- Bazzeni Wellness Center health education and health screenings
- St. Mary Outpatient Diabetes Education Program
- St. Mary Family Clinic
- St. Mary Senior Clinic
- C.A.R.E. Program

Significant Health Need 4: Promotion of Mental Wellness*

- C.A.R.E. Program (HIV/AIDS)
- Emergency Department
- Bazzeni Wellness Center health education
- Families in Good Health
- St. Mary Family Clinic

Anticipated Impact

The anticipated impacts of specific, major program initiatives, including goals and objectives, are stated in the program digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The Community Benefit Advisory Committee, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program by conducting Community Health Needs Assessments every three years.

Planned Collaboration

St. Mary Medical Center collaborates with many community partners from the not for profit and private sectors and the Long Beach Department of Health and Human Services to assist with the implementation of community benefit goals and objectives.

Program Digests

The following pages include program digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

Comprehensive AIDS Resource and Education (CARE)	
Significant Health Needs Addressed	Access to Care Promotion of Mental Wellness
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	Comprehensive AIDS Resource and Education (CARE) Program was founded in 1986. Since its inception, CARE. has grown into a nationally recognized HIV medical and psychosocial service program that now provides comprehensive HIV medical, dental and psychosocial services to over 1,725 low income residents of Southern Los Angeles County who are infected or affected by HIV disease regardless of their ability to pay. CARE is a non-profit, hospital based HIV program that is directly funded by federal, state and county grants (see www.careprogram.org).
Community Benefit Category	A2. Community Based Clinical Services
FY 2016 Report	
Program Goal / Anticipated Impact	CARE enhanced the Access of Care to HIV-related services through supporting normalized HIV screening in the Emergency Department. CARE's efforts helped shift cultural norms regarding HIV testing within the Long Beach Greater Community.
Measurable Objective(s) with Indicator(s)	CARE's initiative to partner with the Emergency Department and local community based organizations to screen residents for HIV. Individuals who are diagnosed with HIV will be connected to CARE for primary and supportive services.
Intervention Actions for Achieving Goal	HIV Testing in the Emergency Department will be overseen by CARE staff to ensure that any persons who are diagnosed are immediately linked to care and support. Long Beach has a high HIV incidence and HIV screening is not standard of care for people who receive services in the Emergency Department

	which does not follow CDC guidelines. CARE's program filled the gap to ensure that HIV testing is normalized and people newly diagnosed received a warm hand-off to Infectious Disease specialists
Planned Collaboration	With the initiative, CARE has collaborated with California State University-Long Beach & Long Beach Center for Health Equity Research (CSULB-CHER), LGBTQ Center of Long Beach, the ADAM Project, and the Long Beach Department of Health & Human Services.
Program Performance / Outcome	CARE's HIV Testing Initiative yielded nearly 1,000 screens per month throughout FY16. Additionally, over 40% of people diagnosed with HIV during their ED visits were linked to quality healthcare to treat HIV infection.
Hospital's Contribution / Program Expense	$1,717,944
FY 2017 Plan	
Program Goal / Anticipated Impact	Increase access to health care services. Expanded access to care will support a reduction of HIV morbidity and mortality through continuing current services to HIV/AIDS- at risk or infected populations who are not receiving care or whom are underserved.
Measurable Objective(s) with Indicator(s)	• 100% of clients will have a behavioral health need assessment completed. CARE's HIV Testing initiative will annually complete 10,000 HIV screenings
Intervention Actions for Achieving Goal	1. CARE will partner with the ED and local community-based organizations to screen residents for HIV. 2. Based on a behavioral health assessment, a health plan will be developed for every client. 3. Clients diagnosed with HIV during an ED visit will be linked to needed health care and supportive services. CARE will increase community awareness through quarterly community forums.
Planned Collaboration	CARE will continue to collaborate with UCLA Harbor, LGBTQ Center of Long Beach, and the Long Beach Department of Health and Human Services to engage community members who may be in need of behavioral health support

Mobile Care Clinic	
Significant Health Needs Addressed	✓ Access to Care and the delivery system working with disproportionate unmet health needs (DUHN) communities. ✓ Prevention and Treatment of Respiratory Disorders related to air pollution which would include, but are not limited to, asthma and chronic obstructive pulmonary disorder (COPD), as well as advocating air quality solutions especially in vulnerable communities. ✓ Prevention and Treatment of Obesity and Chronic Conditions such as identification and treatment of diabetes and high blood pressure, and promotion of nutrition. ✓ Promotion of Mental Wellness and health including identifying those who need care and prevention activities.
Program Emphasis	Please select the emphasis of this program from the options below: ✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care

	✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	St. Mary Mobile Care Clinic aims to provide preventative health screenings with a focus on disproportionate unmet health-related needs to the greater Long Beach area; assist in providing enrollment into Covered California, linkage to care (together with referrals to a medical home and a primary care practitioner) and offer education on health topics including smoking-cessation, diabetes, high blood pressure and heart health.
Community Benefit Category	Community Based Clinical Services
FY 2016 Report	
Program Goal / Anticipated Impact	• Perform HIV testing on all clients and provide linkage referrals for positively screened clients to CARE clinic for treatment. • Perform HCV testing on all clients that meet testing eligibility guidelines defined by our partner Gilead. • Provide social service resources to clients through Mobile Clinic's case manager. • Partner with religious outreach organizations, parks, senior centers, LGBTQ community organizations, farmer's markets, St. Mary organized conferences including partnering with the Senior Wellness Center. • Attend community-organized health fairs and festivals to advance the reach of St. Mary services to the surrounding community. • Continuously monitor the needs of each Mobile Clinic location, assessing for efficacy at each location with the intention of transitioning sites quarterly, or as needed. • Provide 7,500 units of service.
Measurable Objective(s) with Indicator(s)	Provides 7,500 units of service during the 12-month period via the St. Mary Medical Center Mobile Clinic to the residents of the Long Beach area. • Types of services include: - Assessment and diagnosis by a Nurse Practitioner - Screenings and exams, e.g. spirometry, EKG, HIV, HCV and other diagnostic exams performed by the Respiratory Therapist. • Benefits assessment and patient education. • Follow-up visits with case worker and health care providers at St. Mary Medical Center. Track the following data points for reporting and evaluation of program efficacy: - Name of facilities/locations of new agreements - Weekly hours of operation and location of Mobile Clinic - Number of clients served divided into age groups 0-18, 18-64 and 65+ - Number and type of clinical screenings/exams), case management and education service - Ethnic breakdown of clients served - Number of clients served through large community outreach activities
Intervention Actions for Achieving Goal	Partner with religious outreach organizations, parks, senior centers, LGBTQ community organizations, farmers markets, St. Mary-organized conferences

	including partnering with the Senior Wellness Center. Attend community-organized festivals to assist in spreading St. Mary services to the surrounding community, as well as providing Mobile Clinic's day-to-day services.
Planned Collaboration	• Long Beach Department of Health and Human Services • City of Long Beach Department of Parks and Recreation • The LGBTQ Center of Long Beach • St. Mary Bazzeni (senior) Wellness Center • Leading community organizations including churches, rehabilitation centers and medical offices
Program Performance / Outcome	• Distributed outreach flyers at all events. All patients offered blood pressure check, pulse, glucose, respiratory/spirometry testing and education. • Assisted patients in providing a medical home at one of St. Mary clinics, primarily Family Clinic of Long Beach. • Assisted with medical and managed medical enrollment, provided resources for Covered California. • Provided assessment and diagnosis by a Nurse Practitioner. • Provided Healthy Hear screenings, including EKGs where indicated. • Respiratory testing screening. • Respiratory education one on one with a respiratory therapist. • Expanded HIV testing to all sites, 697 tests performed for FY16. • Expanded HCV testing to all patients meeting testing eligibility guidelines as directed by Gilead, 510 tests performed for FY16. • Linkage to care was provided for HIV and HCV positive patients at the CARE clinic • Provided Healthy Heart screenings including EKGs, where indicated. • Provided services to a range of clients from pediatric through geriatric and al ranges of socioeconomic classes. • Provided assessment and diagnosis by NP (no NP).
Hospital's Contribution / Program Expense	$272, 838
FY 2017 Plan	
Program Goal / Anticipated Impact	St. Mary Mobile Care Clinic aims to provide preventative health screenings with a focus on disproportionate unmet health-related needs to the greater Long Beach area; providing assistance in enrollment into Covered California, linkage to care (together with referrals to a medical home and a primary care practitioner) and offer education on health topics including smoking-cessation, diabetes, high blood pressure and heart health.
Measurable Objective(s) with Indicator(s)	Provide 50 units of service via the St. Mary Medical Center Mobile Clinic to the residents of the Greater Long Beach area through preventative health screenings, health education and case management.

	Track the following data points for reporting and evaluation of program efficacy: - Weekly hours of operation and locations visited by Mobile Clinic - Number of clients served. - Number and type of clinical screening/exams, case management and education services. - Benefits assessment, patient education. - Ethnic breakdown of clients served. - Number of clients served through large community outreach activities.
Intervention Actions for Achieving Goal	The St. Mary Mobile Clinic will partner with local leading community organizations to reach the maximum amount of community members in order to offer and provide health services, mainly preventative screenings, and health education.
Planned Collaboration	Long Beach Department of Health and Human Services City of Long Beach Department of Parks and Recreation Local Churches The Bazzeni Wellness Center

Family Clinic of Long Beach	
Significant Health Needs Addressed	✓ Prevention and Treatment of Respiratory Disorders ✓ Prevention and Treatment of Obesity and Chronic Conditions ✓ Access to Care ✓ Promotion of Mental Wellness
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	The Family Clinic of Long Beach has been providing primary care to the Long Beach Community for over 25 years. Developed as part of the St. Mary residency program, The Family Clinic continues to support the residency and of over 30 medical students and dozens of pharmacy students each year. The Family clinic serves as the hub of medical services for our group of clinics, serving as the Medical Home for adult patients seeking primary care services or referrals to specialists in our clinic network. Serving over 1,500 residents of Long Beach in calendar year 2015, the clinic focuses on internal medicine with additional services such as: ▪ Travel Clinic ▪ Coumadin Clinic ▪ Diabetes Education Program ▪ Case Management Services ▪ Specialty Medicine
Community Benefit Category	C. Subsidized services

FY 2016 Report	
Program Goal / Anticipated Impact	• Plans of Family Clinic expansion to accommodate the increase of patients still under review. • Increased patients access to Medi-Cal and other health plans in order to get their primary care.
Measurable Objective(s) with Indicator(s)	• An increase of about 50 patients per month has been established. • Benefits screenings continued to be identified by Assistant Case Manager.
Intervention Actions for Achieving Goal	Community outreach and education about Family Clinic's services.
Planned Collaboration	Other hospital departments.
Program Performance / Outcome	Average amount of patients seen monthly is 700. This was an increase from FY 2015 of about 200 patients per month. Continued providing specialty clinics with Endocrinology, Rheumatology and Pulmonary services.
Hospital's Contribution / Program Expense	$957,000
FY 2017 Plan	
Program Goal / Anticipated Impact	Increase access to primary health care for the medically underserved. Stabilize patients with diabetes and decrease disease through prevention services.
Measurable Objective(s) with Indicator(s)	• Increase access for 100 patients annually to obtain care at the clinic. Provide 80 patients with diabetes and medication therapy management and prevention services.
Intervention Actions for Achieving Goal	1. Provide patients with diabetes and medication therapy management. Screen patients for diabetes, cervical cancer and avoidance of antibiotic treatment in adults with acute bronchitis.
Planned Collaboration	Mobile Clinic Emergency Department

Every Woman Counts	
Significant Health Needs Addressed	Access to Care
Program Emphasis	Focus on Disproportionate Unmet Health-Related Needs ☒ Emphasize Prevention ☒ Contribute to a Seamless Continuum of Care
Program Description	As a provider for the CDP: EWC program we are able to offer mammography & cervical screening services to women who are uninsured/underinsured and of low/no income, age 40+. Komen Grant offered to provide diagnostic services to women under age 40 and uninsured men. In addition to diagnostic services, we offer certification into the Breast and Cervical Cancer Treatment Program as well as coordination of care by our staff RN.
Community Benefit Category	A2. Community Based Clinical Services E3. In-kind assistance

FY 2016 Report	
Program Goal / Anticipated Impact	Our goal for FY 2016 was to increase awareness of the importance of breast health care. Educating women on the importance of routine screenings as a preventative measure as well as advising the Long Beach and surrounding communities of the free program available to them and their families
Measurable Objective(s) with Indicator(s)	Increase in new patients into the program revealed its success.
Intervention Actions for Achieving Goal	Health Fairs with community outreach programs were attended to disseminate breast health information and details of program.
Planned Collaboration	Worked in collaboration with the St. Mary Mobile Clinic, KPA, Susan G. Komen Foundation and the Cancer Detection Program as well as community healthcare providers to help in offering the program to those women who qualified.
Program Performance / Outcome	. 4115 services were performed to women under the Cancer Detection Program: Every Woman Counts (Apr 2015-Mar 2016). 440 services were performed to evaluate for breast masses under the. Komen Grant (Apr 2015-Mar 2016).
Hospital's Contribution / Program Expense	$48,000
FY 2017 Plan	
Program Goal / Anticipated Impact	Increase preventive screening for cancer.
Measurable Objective(s) with Indicator(s)	4,000 women will be enrolled in the free programs and will be tracked by the department
Intervention Actions for Achieving Goal	1. Offer community health education, community lectures, presentations and workshops. 2. Provide outreach and health education in the media and community health awareness events to encourage healthy behaviors and promote early detection of cancer through screening. 3. Participate in health and wellness fairs.
Planned Collaboration	Susan G. Komen Foundation AIDS Project Los Angeles YWCA

Chronic Disease Self-Management Program	
Significant Health Needs Addressed	Prevention and Treatment of Respiratory Disorders Prevention and Treatment of Obesity and Chronic Conditions Access to Care
Program Emphasis	✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity Demonstrate Collaboration
Program Description	Chronic Disease Self-Management Program (CDSMP)—Based on the Stanford Model, this proven 6 week self-help program is offered to the community in English and Spanish. The goal of the program is to teach participants the skills

	they need to know in manage their chronic condition(s) on a daily basis to achieve the maximum quality of physical, mental and emotional well-being.
Community Benefit Category	A1. Community Health Education - Lectures/Workshops
FY 2016 Report	
Program Goal / Anticipated Impact	Fully participate in "Healthier Living Connections" a collaborative effort with Dignity Health, Partners in Care and Anthem Blue Cross. Train and additional 6 leaders Provide CDSMP in Spanish
Measurable Objective(s) with Indicator(s)	Number of individuals referred to the program from physicians with the Anthem Blue Cross network. Success of attracting new leaders both internally and externally Facilitate at least two trainings in Spanish using the staff from Families in Good Health.
Intervention Actions for Achieving Goal	Collaborate with Dignity Health System Office, CDSMP coordinator and Partners in Care Foundation to ensure success. In coordination with above, develop a plan to target physicians within the Blue Cross network with the purpose of educating them about the program and attracting referrals. Work with Los Angeles Alliance for Community Health and aging to attract new Leaders for training. Work with local agencies and volunteer agencies to attract participants as Leaders. Assist Families in Good health with obtaining participants for the program. Work with local Hispanic agencies to educate them about the program and recruit participants.
Planned Collaboration	Partners in Care Foundation Dignity Health System Office Community and volunteer agencies Doctors' offices
Program Performance / Outcome	"Healthier Living Connections" later renamed "Partners at Home" did not materialize for Long Beach. Eight Leaders were trained – 4 internal staff and 4 from outside agencies One Spanish version of CDSMP was facilitated.
Hospital's Contribution / Program Expense	$8,190
FY 2017 Plan	
Program Goal / Anticipated Impact	Offer evidence-based chronic disease management (CDM) programs to decrease hospital admissions and ER use for persons with chronic diseases.
Measurable Objective(s) with Indicator(s)	• Using Pre/Post-test methodology, participants will demonstrate increased knowledge of disease self-management. Participants will document changes in behavior they will undertake to appropriately manage their chronic diseases.
Intervention Actions for Achieving Goal	• Using Pre/Post-test methodology, participants will demonstrate increased knowledge of disease self-management. Participants will document changes in behavior they will undertake to appropriately manage their chronic diseases.
Planned Collaboration	Community Agencies

	Community Clinics Community Centers and Senior Center Emergency Department Case Management Partners in Care Foundation Centro Cha and Latino's in Action

ECONOMIC VALUE OF COMMUNITY BENEFIT

8/9/2016
332 St. Mary Medical Center Long Beach
Complete Summary - Classified Including Non Community Benefit (Medicare and Bad Debt)
For period from 7/1/2015 through 6/30/2016

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	% of Organization Revenues
Benefits for Living in Poverty						
Financial Assistance	2,099	4,589,230	38,775	4,550,455	1.5	1.6
Medicaid	61,537	156,830,337	138,530,463	18,299,874	6.0	6.4
Means-Tested Programs	272,655	9,320,147	3,383,942	5,936,205	1.9	2.1
Community Services						
A - Community Health Improvement Services	25,453	5,687,264	2,792,226	2,895,038	0.9	1.0
E - Cash and In-Kind Contributions	1,966	498,297	0	498,297	0.2	0.2
G - Community Benefit Operations	1	27,400	0	27,400	0.0	0.0
Totals for Community Services	27,420	6,212,961	2,792,226	3,420,735	1.1	1.2
Totals for Living in Poverty	363,711	176,952,675	144,745,406	32,207,269	10.5	11.2
Benefits for Broader Community						
Community Services						
A - Community Health Improvement Services	6,837	0	0	0	0.0	0.0
B - Health Professions Education	247	9,459,943	1,721,570	7,738,373	2.5	2.7
F - Community Building Activities	4,151	661,163	220,939	440,224	0.1	0.2
Totals for Community Services	11,235	10,121,106	1,942,509	8,178,597	2.7	2.9
Totals for Broader Community	11,235	10,121,106	1,942,509	8,178,597	2.7	2.9
Totals - Community Benefit	374,946	187,073,781	146,687,915	40,385,866	13.2	14.1
Medicare	12,261	60,374,548	45,507,633	14,866,915	4.9	5.2
Totals with Medicare	387,207	247,448,329	192,195,548	55,252,781	18.0	19.3
Totals Including Medicare and Bad Debt	387,207	247,448,329	192,195,548	55,252,781	18.0	19.3

08/09/2016
Leon Choiniere, VP Chief Financial Officer

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

Sandy Cajas

Paul Carter

Suny Lay Chang

Chester Choi, MD
St. Mary Medical Center

Minnie Douglas, Ed.D, RN

Ivy Arlinda Goolsby
Int'l Realty & Investment

Sr. Elizabeth Ann Hayes, CCVI
Villa de Matel

Bonnie Lowenthal

Allen Miller
COPE Health Solutions

George Murchison

Sr. Christina Murphy, CCVI
Villa de Matel

Christopher R. Pook

Shelly Schlenker
Dignity Health

Erin Simon, Ed.D

Alexander Stein, M.D.

Rocky Suares
Suares Investment Group

Robert R. Waestman

Ex-Officio (non-voting)
Joel Yuhas, Hospital President & CEO
Bertram E. Sohl, M.D.

Community Benefit Advisory Committee

Minnie Douglas, Ed.D, RN

Ivy Arlinda Goolsby
Int'l Realty & Investment

Chan Hopson
Khmer Parent Association

Patrick Kennedy
Great Long Beach ICO

Anthony Ly
Long Beach Department of Health and Human Services

Jean Bixby Smith
Retired

Cynthia Terry
Consultant

Anna Totta
Retired

Felton Williams, Ph.D
Long Beach Unified School District

Cecile Walters
Retired, City of Long Beach

Leon Choiniere, CFO
St. Mary Medical Center

Fredy Dominquez
Attentive Home Health

Kimm Hurley, LCSW
Dignity Health Regional Director of Social Work

Pat Kennedy
Long Beach Interfaith Community Organization

Sister Celeste Trahan, CCVI
Vice President Mission Integration

Tim Bojeczko
Director of Development, St. Mary Medical Center Foundation

APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of community programs and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

Partnering with others who share our vision and values is necessary to bring about real and lasting improvements in the health care system and the health of those we serve.

- Dignity Health's Community Grants Program is one way we are working collaboratively to increase access to quality care and improve the social determinants of health. Dignity Health grant funds are to be used to deliver services to and improve the health and well-being of underserved populations. From 2013 to 2015, St. Mary Medical Center contributed more than $300,000 in grant funds to community organizations that worked to increase access to health care, improve chronic disease management, and provide services for the poor.
- St. Mary Medical Center continues to provide leadership and assistance with community-wide health planning in collaboration with area hospitals and nonprofit agencies including the Hospital Association of Southern California. Working collaboratively with community partners, St. Mary provided leadership and advocacy, assisted with local capacity building, and participated in community-wide health planning.
- St. Mary Medical Center, in the role of community partner, provides meeting space for nonprofit and community organizations.
- St. Mary Medical Center collaborates with many community-based organizations to improve capacity and enhance the health of the greater community. The C.A.R.E. Program collaborates with many regional and local boards to educate and encourage awareness of preventing HIV/AIDS as well as to make patient-centered treatment available to everyone affected or infected. Many of the St. Mary leadership and staff represent St. Mary throughout the community providing expertise as speakers, board members, mentors, and resources to the community that we serve.
- St. Mary Medical Center works to ensure the carbon footprint is minimal. Administrative Leadership established the "Green Team" to promote awareness and initiate efforts at recycling and being responsible stewards. St. Mary collaborates with the Beacon House Association, a nonprofit, to recycle cardboard, glass, plastic, newspapers, and ink cartridges. In collaboration with Food Finders and the American Red Cross, St. Mary recycles cell phones.
- The mission of St. Mary Medical Center is one that is embraced by staff. Community support included sponsoring, in collaboration with Catholic Charities, more than 200 families at the annual Helping Hands program, which provides toys and gift certificates for food at Christmas-time to families who would otherwise be unable to have a celebration. Clothes for babies and children are provided by SMMC staff to the Mary Hilton Family Health Center Clinic to provide for families who are in need. Food drives occur several times a year to provide food for the clients of the

C.A.R.E. (Comprehensive AIDS Resources and Education) Program through which hundreds of pounds of food have been donated by staff and volunteers in support of their food bank.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or under-insured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan. You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below

for your hospital.

St. Mary Medical Center 1050 Linden Ave, Long Beach, CA 90813 | Financial Counseling 562-491-7078

Patient Financial Services 888-488-7667 | www.dignityhealth.org/stmarymedical/paymenthelp